

<b>SENDER: COMPLETE THIS SECTION</b>		<b>RECEIVER: COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p><b>A. Signature</b>  <input checked="" type="checkbox"/> <i>Crystal Voss</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <i>Crystal Voss</i> <b>C. Date of Delivery</b> <i>10-4-07</i></p> <p><b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p><b>1. Article Addressed to:</b></p> <p><i>Blake Jennings</i>  <i>c/o Tallapoosa County Jail</i>  <i>316 Industrial Park Drive</i>  <i>Dadeville, AL 36104</i></p> <p><i>07cu873</i></p>		<p><b>3. Service Type</b></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p><b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes</p>	
<p><b>2. Article Number</b>  <i>(Transfer from service lab</i> <b>7003 0500 0000 1377 7358</b></p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	